DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DEFENSE, ARMY COE

ADDRESS: 2376 E. HWY. 2

OLDTOWN, ID 83822

FACILITY: US ARMY CORPS OF ENGINEERS - ALBENI FALLS DAM

LOCATION: 2376 EAST HIGHWAY 2

OLDTOWN, ID 83822

ATTN: JOSEPH SUMMERS, OP MANAGER

ID0020681	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83822

MINOR

(SUBR 04)

R.W.: PEND OREILLE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
DH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	200 WKLY GEO	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DEFENSE, ARMY COE

ADDRESS: 2376 E. HWY. 2

OLDTOWN, ID 83822

FACILITY: US ARMY CORPS OF ENGINEERS - ALBENI FALLS DAM

LOCATION: 2376 EAST HIGHWAY 2

OLDTOWN, ID 83822

ATTN: JOSEPH SUMMERS, OP MANAGER

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITO MM/DD/YYYY	PRING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

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MINOR

(SUBR 04)

R.W.: PEND OREILLE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

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		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
DH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	200 WKLY GEO	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	406 DAILY MX	#/100mL		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in	accordance with a system desig	t and all attachments were prepar ned to assure that qualified perso ny inquiry of the person or persor	nnel properly gather and					TEL	EPHONE	DATE

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DISCHARGE MONITORING REPORT (DMR)

001-A

Form Approved
OMB No. 2040-0004

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ADDRESS: 2376 E. HWY. 2

OLDTOWN, ID 83822

FACILITY: US ARMY CORPS OF ENGINEERS - ALBENI FALLS DAM

LOCATION: 2376 EAST HIGHWAY 2

OLDTOWN, ID 83822

MONITORING PERIOD

MM/DD/YYYY

07/01/2013

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

07/31/2013

ID0020681

DMR Mailing ZIP CODE:

83822

MINOR

(SUBR 04)

R.W.: PEND OREILLE RIVER

External Outfall

No Discharge

ATTN: JOSEPH SUMMERS, OP MANAGER

		QUA	NTITY OR LOADING	3		QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	200 WKLY GEO	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in	accordance with a system design	nt and all attachments were prepar	nnel properly gather and					TEL	EPHONE	DATE

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		QUA	NTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

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LOCATION: 2376 EAST HIGHWAY 2

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
ρΗ	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	****	NODI C	*****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	200 WKLY GEO	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
11648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in	accordance with a system desig	t and all attachments were prepar ned to assure that qualified person my inquiry of the person or person	nnel properly gather and					TEL	EPHONE	DATE

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

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LOCATION: 2376 EAST HIGHWAY 2

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	PERMIT NUMBER		DISCHARGE NUMBER					
_								
	MONIT	ORI	NG PERIOD					
	MONIT MM/DD/YYYY	ORI	NG PERIOD MM/DD/YYYY					

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MINOR (SUBR 04)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

R.W.: PEND OREILLE RIVER

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.5 MO AVG	.7 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	*****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 WKLY GEO	****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 DAILY MX	#/100mL		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE			nt and all attachments were prepar						TELE	EPHONE	DATE

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DEFENSE, ARMY COE

ADDRESS: 2376 E. HWY. 2

OLDTOWN, ID 83822

FACILITY: US ARMY CORPS OF ENGINEERS - ALBENI FALLS DAM

LOCATION: 2376 EAST HIGHWAY 2

OLDTOWN, ID 83822

ATTN: JOSEPH SUMMERS, OP MANAGER

ID0020681	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83822

MINOR

(SUBR 04)

R.W.: PEND OREILLE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPHONE		DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY